

ARIZONA DIVISION OF EMERGENCY MANAGEMENT

SPECIAL CONSIDERATIONS QUESTIONS

APPLICANT NAME		PCA NUMBER	PW #
PROJECT NAME		LOCATION	DATE
FORM MUST BE FILLED OUT FOR EACH PROJECT			
<p>1. Does the damaged facility or item of work have insurance and/or is it an insurable risk? (e.g., buildings, equipment, vehicles, etc.)</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Comments _____ </p> <p>_____</p>			
<p>2. Is the damaged facility located within a floodplain or coastal high hazard area, or does it have an impact on a floodplain or wetland?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Comments _____ </p> <p>_____</p>			
<p>3. Will the proposed facility repairs/reconstruction change the pre-disaster condition? (e.g., footprint, material, location, capacity, use or function)</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Comments _____ </p> <p>_____</p>			
<p>4. Does the applicant have a Hazard Mitigation proposal or would the applicant like technical assistance for a hazard mitigation proposal? Include completed Application for Hazard Mitigation Form.</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Comments _____ </p> <p>_____</p>			
<p>5. Is the damaged facility on the National Register of Historic Places or the state historic listing? Is it older than 50 years? Are there more, similar buildings near the site? Include completed Historic Review Assessment Form.</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Comments _____ </p> <p>_____</p>			
<p>6. Are there any pristine or undisturbed areas on, or near, the project site? Are there large tracts of forestland?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Comments _____ </p> <p>_____</p>			
<p>7. Are there any hazardous materials at or adjacent to the damaged facility and/or item of work?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Comments _____ </p> <p>_____</p>			
<p>8. Are there any other environmentally or controversial issues associated with the damaged facility and/or item of work?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Comments _____ </p> <p>_____</p>			
COMPLETED BY:			DATE
ADEM REVIEWED BY:			DATE

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